

# BASIC EMERGENCY MEDICAL TECHNICIAN COURSE APPLICATION

SPONSORED BY:  
ERIE COUNTY DEPARTMENT OF HEALTH – EMERGENCY MEDICAL SERVICES DIVISION

1. Fill out the application on the reverse side of this page.
2. If you are NOT a member of a Fire/Ambulance Agency or a Municipal EMS Service employee THERE IS A FEE FOR THE COURSE. Enclose a **MONEY ORDER** or **CERTIFIED CHECK** (Payable to the Erie County Health Department) for the full amount, dated the day the course starts, and enclose it with your application.  
**COST = \$775.00**
3. Be sure to indicate the course you wish to enroll in by checking the corresponding box on the application.
4. PLEASE DO NOT CALL THE EMS OFFICE TO VERIFY ENROLLMENT! You will be contacted prior to the start of class ONLY if the course you select has been filled and you are to be reassigned to a second choice.
5. Please submit your application as soon as possible. Courses that reach full enrollment prior to the deadline will be closed.
6. If you have any questions, please call the EMS office at 681-6070.

## **YOU WILL NOT RECEIVE COLLEGE CREDIT FOR THE FOLLOWING COURSES**

#	LOCATION	DAYS	DATES	TIMES
121	HILLCREST VFC	Tues-Thurs	1/11/05- 6/16/05	7:00 pm – 10pm (times may vary slightly)
122	ERIE CO. FIRE TRAINING ACADEMY	<b>Saturdays</b> (There will be one Sunday Class on 3/13/05).	1/22/05- 6/16/05	9am – 3pm
123	NEWSTEAD VFC	Tues-Thurs	1/4/05- 5/19/05	7:00 pm – 10pm (times may vary slightly)
124	SNYDER VFC <b><u>CONTACT I/C, DAN @ 675-1457 FOR YOUR EMT BOOK REQUIREMENT</u></b>	Tues-Thurs	1/27/05- 6/16/05	7:00 pm – 10pm (times may vary slightly)

\*\*ALL NYS FINAL WRITTEN EXAMS ARE HELD ON THURSDAYS AT 7 PM\*\*

## **DEADLINE FOR APPLICATIONS IS JANUARY 7, 2005**

**CHECK OUR WEB SITE FOR UPDATES:** <http://www.erie.gov/>

**If you are a New York State Certified First Responder please bring your NYSCFR # card to the first class.**

## **RETURN APPLICATIONS TO:**

Emergency Medical Services  
3359 Broadway  
Cheektowaga, New York 14227  
**OR FAX TO: 681-5256**

**EMERGENCY MEDICAL TECHNICIAN W/DEFIBRILLATION  
COURSE APPLICATION  
FAX 681-5256**

PLEASE PRINT OR TYPE

<b>NAME</b>			
<b>ADDRESS</b>			
<b>CITY, STATE, ZIP</b>			
<b>HOME PHONE</b>			
<b>WORK PHONE</b>			
<b>YOUR AGENCY</b>		<b>AGENCY #</b>	

**COURSE # DESIRED:** ☐121 ☐122 ☐123 ☐124

I understand that:

1. Successful completion of the course requires attendance at all sessions and achievement of a passing grade.
2. Purchasing the *Brady Ninth Edition Emergency Care* textbook is my responsibility. The approximate cost of the textbook is \$60.00.
3. EMS work is strenuous. The EMT course will require me to physically exert myself. I will consult my physician if I have any doubts about my ability to perform these tasks.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN TO THE EMERGENCY MEDICAL SERVICES OFFICE NO LATER THAN  
JANUARY 7, 2005**

Emergency Medical Services Providers active on EMS units or employees of municipal EMS services are entitled to take tuition free courses. It is the responsibility of the student to provide the completed NYS Verification of Membership Form as proof of participation in an agency with a NYS EMS Agency Code. (Verification of Membership Forms will be available from the Instructor/Coordinator). Those students who do not provide Verification of Membership will be billed tuition for the training course. Failure to pay the tuition will result in dismissal from the course.

Upon receipt of this application by the EMS office, the student will be notified **ONLY** if there are changes in scheduling or the enrollment is closed.

**ENROLLMENT PROCEDURES REQUIRE THAT YOU BE PRESENT AT THE FIRST CLASS**

**(EMT COURSE APPLICATION (Kg)**